

B. Specific Referrals

Except in the case of a medical emergency, **Participating Provider** agrees to use its best efforts to admit, refer, and cooperate with the transfer of Members for Covered Services only to providers designated, specifically approved by or under contract with **Humana**.

In addition, **IPA** or any **IPA** Provider acknowledges and agrees that certain Members may have health benefits contracts that limit coverage to certain types of participating providers. For such Members, referrals are required to be made to specific providers designated by **Humana**.

C. Disease/Case Management Programs

IPA or any **IPA** Provider agrees to participate in **Humana's** disease/case management programs as they are developed and implemented.

D. Humana First

IPA or any **IPA** Provider agrees to participate in **Humana's** twenty-four (24) hour nurse call program, HumanaFirst, or any such successor program.

E. Transplant Programs

Upon request by **Humana**, **IPA** or any **IPA** Provider agrees to cooperate with and participate in **Humana's** organ and tissue transplant programs as they are developed and implemented.

F. Health Improvement Studies

IPA or any **IPA** Provider agrees to participate in **Humana's** health improvement studies as they are developed and implemented.

G. Quality Improvement Activities

IPA or any **IPA** Provider agrees to cooperate with **Humana's** quality improvement activities and, upon request by **Humana**, to participate in **Humana's** quality improvement activities as they are developed and implemented.